

WRITE PLAINLY IN INK UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 230
Registered No. 195

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Stana Lou Dresher { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 8-30-26
Month Day Year

8. FATHER Full name Oscar Stanley Dresher 14. MOTHER Full maiden name Lucy Jones

9. Residence (Usual place of abode) Globe Superior Ariz. 15. Residence (Usual place of abode) Superior Ariz.
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 34 (Years) 16. Color or race white 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Kansas 18. Birthplace (city or place) Carlsbad N. Mex.
(State or country)

13. Occupation Nature of industry Auto Salesman 19. Occupation Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:50 P. m. on the date above stated
(Born alive or stillborn)

Signature C. W. Adams Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Filed 8-31 1926 H. H. Horst Registrar

249-630-312